

**LEGISLATIVE SERVICES AGENCY
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FISCAL IMPACT STATEMENT

LS 6035

BILL NUMBER: SB 29

NOTE PREPARED: Feb 3, 2004

BILL AMENDED: Jan 29, 2004

SUBJECT: Health Information for Counterterrorism.

FIRST AUTHOR: Sen. Dillon

FIRST SPONSOR:

BILL STATUS: As Passed Senate

FUNDS AFFECTED: X GENERAL
DEDICATED
X FEDERAL

IMPACT: State & Local

Summary of Legislation: (Amended) This bill requires the state department of health to collect data related to symptoms and health syndromes from outbreaks of disease or other health conditions that may be a danger to public health. The bill requires a health provider that collects certain data to report this data to the state department of health. The bill also requires a school corporation or an accredited school to report to the local department of health the percentage of student absences above a threshold determined by the department of education.

Effective Date: Upon passage.

Explanation of State Expenditures: (Revised) (1) The bill requires the Indiana State Department of Health (ISDH) to establish reporting, monitoring, and preventive procedures for symptoms and health syndromes from outbreaks or suspected outbreaks of diseases or other health conditions that may be a danger to public health. The Epidemiology Resource Center (ERC), a part of the ISDH, operates the Disease Surveillance and Communicable Disease programs. Staff for the programs consist of 20 individuals, 9 of whom are located in the Bioterrorism Preparedness Districts established by the ISDH as part of the Public Health Preparedness and Bioterrorism Response Activities. The 9 positions are fully funded through the federal Bioterrorism Response program. The ISDH reports that it should be able to implement the requirements of this bill within current federal Bioterrorism Response funding (\$2.1 M).

(2) The bill requires health care providers or other organizations or entities that collect data and information concerning counterterrorism, related outbreaks of infectious disease, or public health threats and emergencies, to report information collected to the ISDH. The ISDH would need to create procedures for health care providers or other organizations or entities to report the information. There may be minimal costs for these entities to implement the procedures. The actual increase in expenditures, however, is dependent on the

administrative action taken by the ISDH.

(3) This bill also requires accredited schools and school corporations to develop and implement a system of notifying local health departments of the percentage of student absences above a threshold determined by the ISDH. Currently, Indiana schools collect information concerning the number of students absent each day. Each school employs a staff member whose responsibilities include monitoring attendance. It is expected that this individual would be responsible for forwarding attendance information to the school corporation.

Accredited schools, school corporations may realize expenditures when implementing the process to collect and forward information from schools in their corporations to the local health departments. Local health departments may also experience an increase when forwarding information to the ISDH. These additional costs, however, are dependent on the administrative action taken by the ISDH.

Background: For the 2002-2003 school year, Indiana's average daily membership (ADM) consisted of 968,330 students, and public school enrollment totaled 1,001,961. Approximately 2,000 public schools were in operation within Indiana's 293 school corporations during that time.

Explanation of State Revenues:

Explanation of Local Expenditures: See *Explanation of State Expenditures*.

Explanation of Local Revenues:

State Agencies Affected: Indiana State Department of Health.

Local Agencies Affected: School Corporations; Local health care providers, organizations, and entities.

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